

# SCREENING FOR CHLAMYDIA AND GONORRHEA

Iowa Department of Public Health  
Maternal and Child Health Programs

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Presented by:

- George Walton, STD Program Manager and
- Colleen Bornmueller, CBSS Coordinator



# OVERVIEW

- Background, prevalence of chlamydia and gonorrhea
- Screening for chlamydia and gonorrhea: Who, When, How?
- Lab resources for analysis of specimens
- Providing related preventive medicine counseling services
- Follow-up and referral for treatment
- Documentation of services



# STDs – A Diverse Group

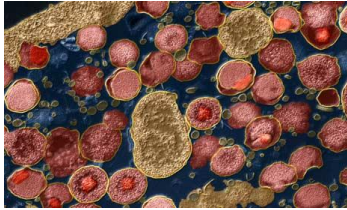
- Numerous STDs have been identified.
  - 25+
- All STDs are treatable, many are curable.
- Certain STDs are reportable to state or local public health agencies.
  - Follow up is performed.
    - Varying degrees
    - Goal: To reduce incidence and mitigate deleterious effects upon the population's health



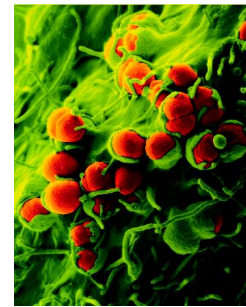
# REPORTING STDs

- Chlamydia, gonorrhea, and syphilis are reportable to IDPH.
  - Iowa Administrative Code 641, Chapter 1 indicates these must be reported within 3 days.
- Multiple ways to report:
  - Fax morbidity report form to 515-725-1278
    - Contact George Walton (515-281-4936) or Chad Curnes (515-281-3031) for most current form.
  - Mail to: Iowa Department of Public Health, STD Program (Code #00), 321 E. 12th St., Des Moines, IA 50319
  - Phone: 515-281-3031
- State or county health department staff follow up with providers and/or patients to mitigate the effects of these infections on individuals and the community.

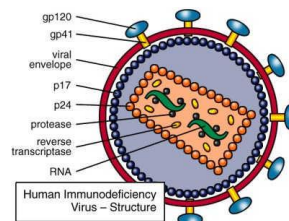
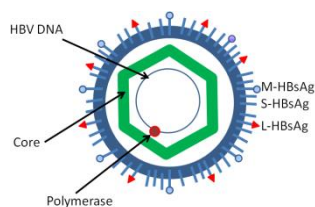




# Reportable STDs



Disease	Causative Agent	Type of microbe
Chlamydia	<i>Chlamydia trachomatis</i>	bacterium
Gonorrhea	<i>Neisseria gonorrhoeae</i>	bacterium
Syphilis	<i>Treponema pallidum</i> subsp <i>pallidum</i>	bacterium
HIV	Human Immunodeficiency Virus	virus
Hepatitis B	Hepatitis B Virus	virus



# Chlamydia



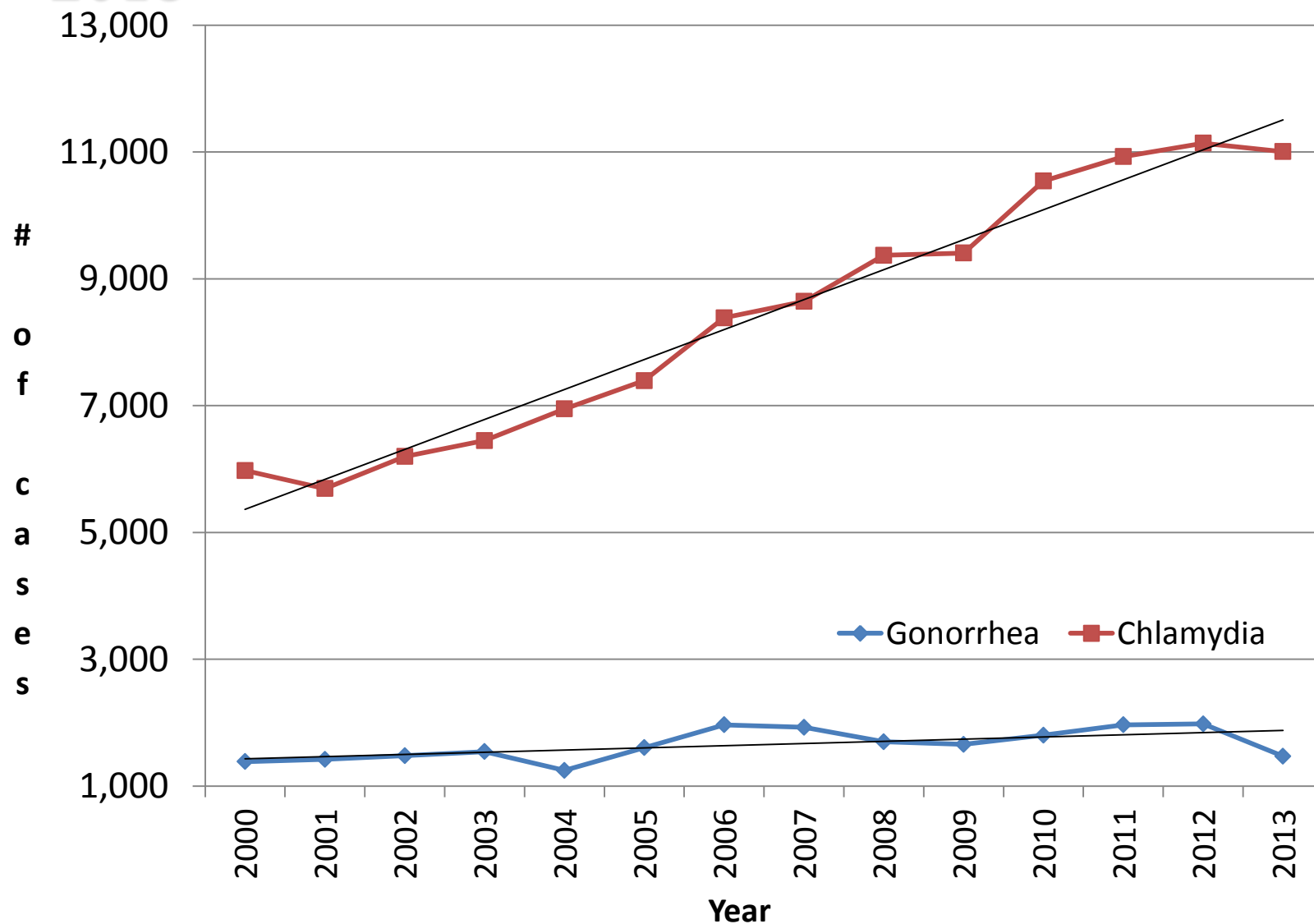
- 2013 surveillance data
  - Greatest number of cases of any reportable disease (STD or otherwise) in Iowa and U.S.
  - 11,006 cases reported in Iowa
    - 70% of cases <25 years of age
    - 72% of cases among women
      - Greater number screened
    - Certain racial and ethnic groups disproportionately impacted
      - 18% of cases among black, non-Hispanic populations
      - 7% among Hispanic populations
  - 1,401,906 reported nationally

# Gonorrhea



- 2013 surveillance data
  - Second most commonly reported infection in Iowa and U.S.
  - 1,471 cases reported
    - 55% of cases <25 years of age
    - 76% under 30 years of age
    - 55% of cases among women
    - Black, non-Hispanic persons highly disproportionately impacted, 31% of reported cases
    - Hispanic populations account for 6% of reported cases
  - 333,004 cases reported nationally

# Chlamydia and Gonorrhea in Iowa, 2000-2013





# Screening Recommendations – Chlamydia & Gonorrhea

# Testing vs. Screening

- Diagnostic testing

- Laboratory testing to confirm the presence of a condition based upon suspicion from signs, symptoms, predisposing risk, etc.

- Screening

- Laboratory testing (regardless of symptoms) for persons within specified populations who are at an increased risk for the condition given epidemiologic factors (e.g., part of a population with high rates of the condition)
- Usually appear otherwise healthy

# Why is chlamydia screening important?

- Chlamydia is highly concentrated in a specific population (adolescents and young adults).
- 70% of infections are **asymptomatic** in women; 50% in men.
- Undiagnosed and untreated infections can lead to more serious health consequences.
  - Pelvic Inflammatory Disease; infertility
  - Pregnant women can transmit the infection to their infant.

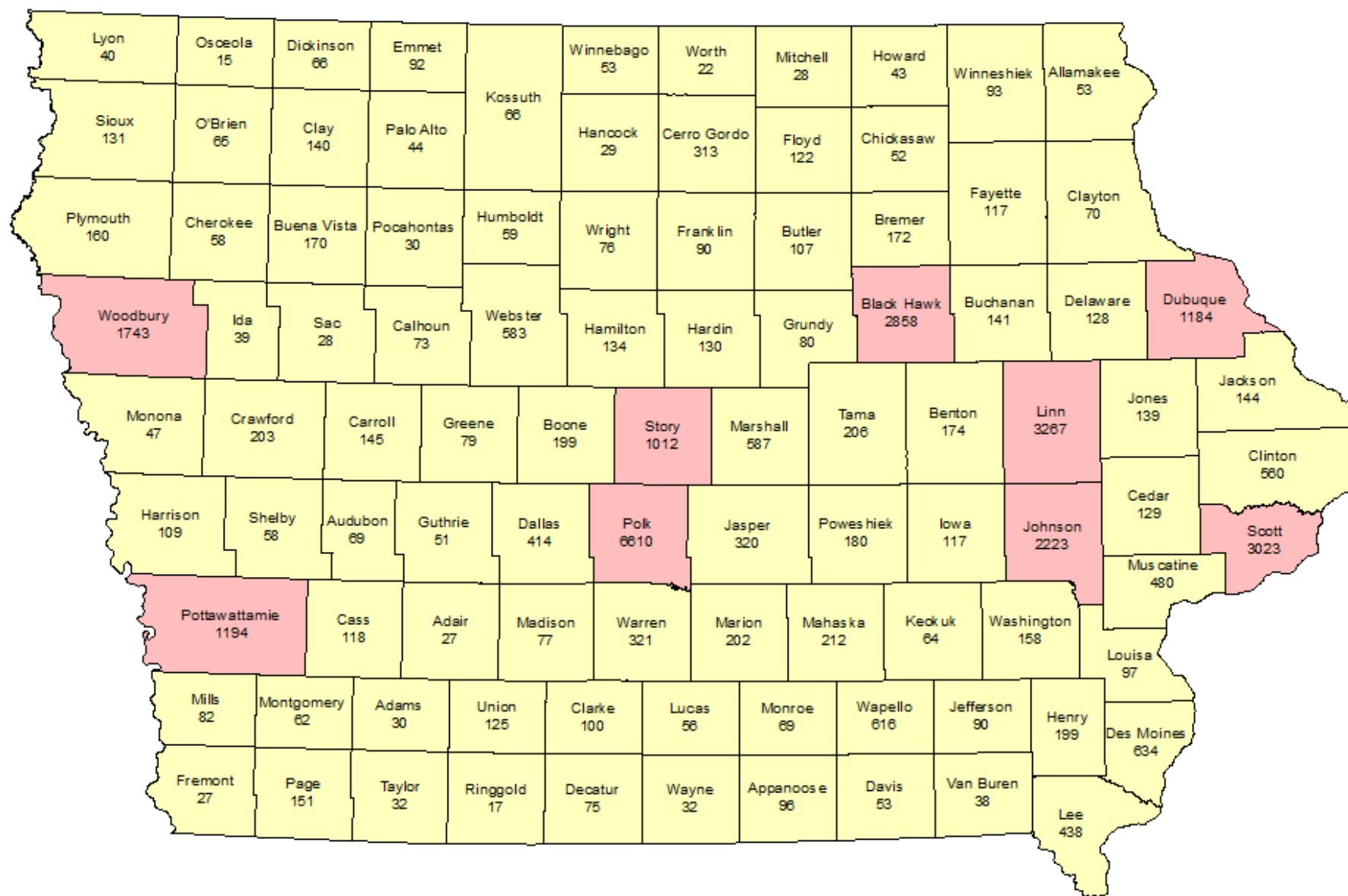
# Chlamydia and Gonorrhea Screening Recommendations

- United States Preventive Services Task Force (USPSTF) and Centers for Disease Control and Prevention (CDC)
- **Screen all sexually active female adolescents and young adults (<25 years old) at least annually**
  - Grade “B” recommendation from USPSTF
  - “Age is a strong predictor of risk for chlamydial and gonococcal infections”.

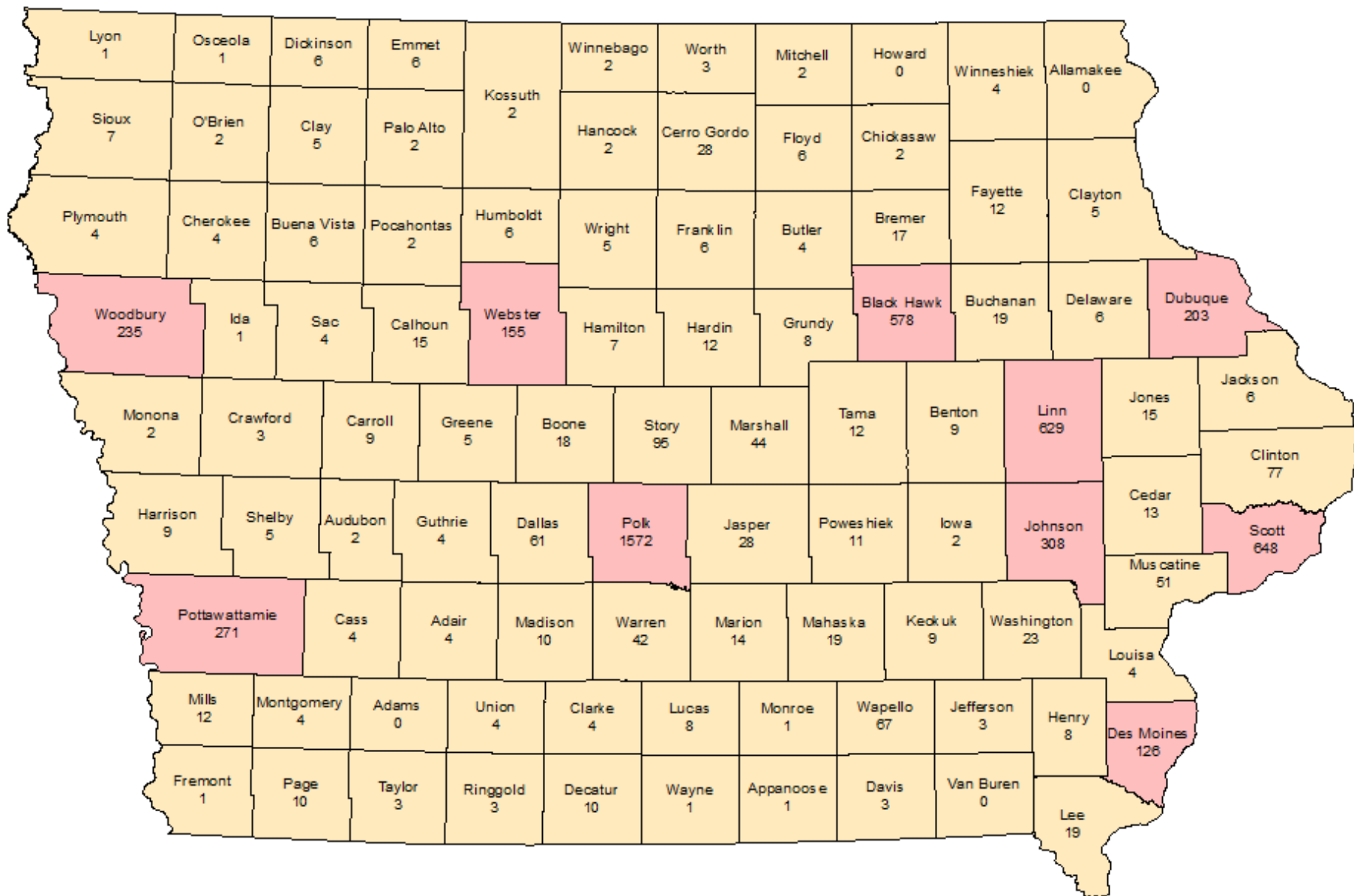
# Chlamydia and Gonorrhea Screening Recommendations

- Screen other sexually active individuals who are at increased risk.
  - e.g., new or multiple sex partners; contact to any STI; inconsistent condom use among persons who are not in mutually monogamous relationships; previous or coexisting STI; and exchanging sex for money or drugs
  - Higher prevalence in certain populations and communities, particularly for gonorrhea
- Screen all pregnant females at the first prenatal visit. If there are new or multiple partners, they should be tested again in the third trimester according to recommendations from ACOG.

# CHLAMYDIA RATES BY COUNTY - 2013



# GONORRHEA RATES BY COUNTY - 2013



## IOWA EPSDT *CARE FOR KIDS*

- The Iowa Early & Periodic Screening, Diagnosis and Treatment (EPSDT) Health Maintenance Recommendations include assessing risk and then screening for adolescence 12 years – 20 years of age for Sexually Transmitted Infections.





# Incorporating Chlamydia Screening in MCH programs

- Adolescents – sexually-active
- Women seeking a urine pregnancy test
- Signs or symptoms associated with chlamydia or gonorrhea

# Services to Minors

## ○ 139A.35 MINORS.

A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider.

Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner.

Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

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# TYPES OF TESTS AND LABORATORY SERVICES

# CT/GC Specimen Types

- Nucleic Acid Amplified Tests (NAATs) are recommended for the detection of CT and GC
  - Nucleic Acid Amplification Tests (NAATs) are widely available
  - Screen for chlamydia and gonorrhea with one specimen
  - Optimal specimen types are urine for men and vaginal swabs for women. Cervical specimens are also still used in some cases.
    - Many labs have validated for oropharyngeal and rectal specimens too
  - High sensitivity and specificity with all specimen types

# LABORATORY SERVICES

- To begin collecting chlamydia/gonorrhea specimens, you will need to contract with a laboratory to obtain the test kits and the processing for the specimens.
  - Talk with the lab you are currently using for other services. They will assist you with proper collection, storage, and transport requirements.
  - We can work with you if you do not currently have a lab to identify one that would meet your needs.



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# PREVENTIVE MEDICINE COUNSELING

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- Effective October 1, 2014 Iowa Medicaid Enterprise included preventive counseling in the Maternal Health Center (MH) and Screening Center (CH) packages. Allows you to bill for providing counseling for risk reduction when screening for chlamydia and gonorrhea.
- There are no billing codes available for collecting the specimens.



# CPT CODES

- Code 99401 – Preventive medicine counseling for risk reduction as you screen for CT/GC. This is a 15 minute, time-based code for face-to-face counseling.
- Code 99402 – Same as above, but a 30 minute, time-based code for face-to-face counseling.
  - These codes will not pay if another counseling-type code is billed for the same visit (e.g. health education in the Maternal Health program).





# RISK REDUCTION COUNSELING

- Providers should educate the client about specific actions that can reduce the risk for STI transmission, which may include:
  - abstinence
  - condom use
  - limiting sex partners
  - modifying sexual practices
  - vaccination



# RISK REDUCTION COUNSELING

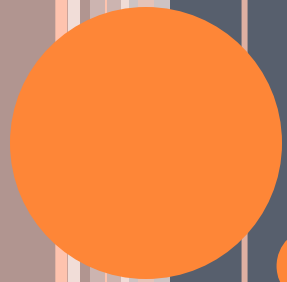
- Prevention counseling should be non-judgmental and client-centered. An example is the Five P's:
  - Partners
  - Prevention of pregnancy
  - Protection from STDs
  - Practices
  - Past history of STDs
- Link to 5 P's and more on counseling from CDC:  
<http://www.cdc.gov/std/treatment/2010/clinical.htm#a1>



# DOCUMENTATION

- All services provided related to chlamydia and gonorrhea screening and the preventive medicine counseling should be documented in the CARS and WHIS with reference to the detail located in the patient chart.
- Questions related to this documentation and related billing/coding should be directed to MCH staff.





# TREATMENT

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- If you decide to screen and test for chlamydia and gonorrhea, you will need to have a protocol in place for treatment.
  - You can provide the treatment on-site.
  - You can provide a prescription for the necessary medications to be picked up at a pharmacy.
  - You will refer to another partner in the community for treatment and follow-up (e.g., STD clinics, Family Planning, private providers, medical homes, PCPs)



# CDC Treatment Guidelines

- Chlamydia
  - Azithromycin 1 g orally in a single dose
- Gonorrhea
  - Ceftriaxone 250 mg IM in a single dose **PLUS** Azithromycin 1 g orally in a single dose
- Sex partners
  - All sex partners within 60 days prior to symptom onset or diagnosis (whichever is earlier) should be presumptively treated
  - Treat most recent sex partner if last sexual contact was >60 days ago

# Treatment Drugs

- Complete treatment drug information can be found on CDC's website:
  - <http://www.cdc.gov/std/treatment/>
  - Your best friend! The CDC STD Treatment Guidelines App for smart phones:
    - <http://www.cdc.gov/std/STD-Tx-app.htm>
- State reporting – Positives must be reported from the laboratory **and** the clinic or provider.

## IF YOU DECIDE...

- Chlamydia and gonorrhea screening will not be feasible for your agency, you may refer the client to the nearest CBSS site.
  - Community-Based Screening Services (CBSS) is a statewide safety-net program that provides chlamydia/gonorrhea screening to individuals meeting criteria established by the CDC and the state.
  - 65 clinics located in
    - Title X Family Planning clinics,
    - STD clinics (part of the large city/county health departments),
    - FQHCs, and
    - Student Health centers.
  - For a location nearest you, please contact Colleen Bornmueller, CBSS Coordinator.





## Other Resources

- This link will take you to one of the most complete resource guides for additional materials and training!
  - <http://ncc.prevent.org/info/healthcare-providers/chlamydia-std-resources>

# Contact Information

- Contact Information:
  - Colleen Bornmueller, CBSS Coordinator  
Family Planning Council of Iowa  
108 Third Street, Suite 220  
Des Moines, IA 50309  
515-288-9028 Ex. 15  
[cbornmueller@fpcouncil.com](mailto:cbornmueller@fpcouncil.com)
  - George Walton, STD Program Manager  
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# TIME FOR YOUR QUESTIONS!

